

Wisconsin Department of Regulation & Licensing

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BOARD OF NURSING

LICENSED PRACTICAL NURSE RETAKE APPLICATION FOR LICENSURE BY EXAMINATION

Applicants who have previously taken the licensure examination in Wisconsin and are reapplying for admission to the examination must:

A. Complete/notarize this application and return directly to the Board of Nursing at the above address **along with the \$15.00 Wisconsin retake fee.**

B. Complete the NCLEX Registration Form according to the instructions outlined in the Candidate Bulletin and *send with the \$200.00 fee (certified check, cashier's check or money order only) directly to NCLEX in the envelope provided.

*If you wish to register with NCLEX by telephone using VISA or MasterCard and pay an additional service fee of \$12.00 (total \$212.00), follow the instructions on page 3 of the Candidate Bulletin.

C. If you have requested exam modifications for past exams, you must indicate below that you are requesting modifications again. You will not be made eligible until the modifications have been approved or denied.

Are you requesting exam modifications? ☐ Yes ☐ No

YOU ARE ENCOURAGED TO MAIL BOTH APPLICATIONS AT THE SAME TIME. BE SURE YOU ARE SENDING THE APPLICATIONS TO THE APPROPRIATE OFFICES.

PLEASE TYPE OR PRINT IN INK

NAME _____ DATE OF BIRTH _____

ADDRESS _____
(number, street, city, state, zip)

1. SINCE THE TIME YOU LAST APPLIED FOR LICENSURE IN WISCONSIN BY EXAMINATION, HAS ANY STATE NURSING BOARD DENIED YOU LICENSURE OR ADMISSION TO A LICENSURE EXAMINATION?

YES ☐ NO ☐ If yes, where?

A "YES" ANSWER TO THE FOLLOWING QUESTION DOES NOT RESULT IN AUTOMATIC DENIAL OF LICENSE. A FORM WILL BE SENT TO YOU REQUESTING SPECIFIC INFORMATION RELATIVE TO YOUR ARREST/CONVICTION RECORD.

2. SINCE THE TIME YOU LAST APPLIED FOR LICENSURE IN WISCONSIN BY EXAMINATION, HAVE YOU BEEN CONVICTED OF ANY OFFENSE OR ARE YOU SUBJECT TO A PENDING CHARGE? (excluding minor traffic violations)

YES ☐ NO ☐

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Board of Nursing or the Department of Regulation and Licensing will be cause for disciplinary action.

Subscribed and sworn to before me
this _____ day of _____, 19 ____.

Applicant's Signature

Notary Public

Date

My Commission: _____

Daytime Telephone Number (voluntary)